

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-378)

SERIAL NO.

FILING DATE

10/520870

APPLICANT(S)

**CLAIMS**

	AS FILER		AS PER 1st AMENDMENT		AS PER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	9	↓		↓
TOTAL CLAIMS			11			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS